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A Portion of APN: #1319-15-000-031

R.P.T.T. \$ _____

J
When recorded mail to:
Michele E. LaHue
4358 Mustang Drive
Carson City, NV 89701

Mail tax statements to:
Walley's Property Owners Association
P.O. Box 158
Genoa, NV 89411



00069785201809111590030034

KAREN ELLISON, RECORDER

AFFIDAVIT OF SURVIVING JOINT TENANT

THE ATTACHED DOCUMENT DOES CONTAIN THE SOCIAL SECURITY NUMBER OF A PERSON AS REQUIRED BY NRS 440.380.

Barbara Van Hise, being of sound mind and body, hereby testifies:

That she is over the age of 18,

That all of the real property situated in Douglas County, Nevada, more precisely described as:

A timeshare estate comprised of an undivided interest as a tenant in common in and to that certain real property and improvements as follows:

An undivided 1/408ths interest in and to all that real property situate in the County of Douglas, State of Nevada, more particularly described as follows:

Adjusted Parcel J as shown on that Record of Survey for David Walley's Resort, a Commercial Subdivision, Walley's Partners Ltd. Partnership, filed for record with the Douglas County Recorder on July 26, 2006 in Book 0706 at Page 9384 as Document No. 0680634, Official Records of Douglas County, Nevada.

Together with those easements appurtenant thereto and such easements and use rights described in Declaration of Time Share Covenants, Conditions and Restrictions for David Walley's Resort, recorded September 23, 1998 as Document No. 0449993 and as amended by Document Nos. 0466255, 0485265, 0489957, 0509920 and 0521436 and that Declaration of Annexation of David Walley's Resort Phase VI recorded on August 8, 2006 in the Office of the Douglas County Recorder as Document No. 0681616 and subject to said Declaration; with the exclusive right to use said interest for one Use Period within a 2 Bedroom unit Every other in Even number years in accordance with said Declaration.

Together with a perpetual non-exclusive easement for use and enjoyment in, to and throughout the Common Area and a perpetual non-exclusive easement for parking and pedestrian and vehicular access, ingress and egress as set forth in Access easement and Relocation Deed recorded May 26, 2006 in Book 0506 at Page 10729 as Document No. 0676008; and Access

Easement recorded on July 26, 2006 in Book 0706 at Page 9371 as Document No. 0680633, all of Official records, Douglas County, Nevada.


was held by Barbara Van-Hise and Charles Van Hise, husband and wife as joint tenants, who acquired joint tenancy by Walley's Partners Limited Partnership, Deed No. 713974 recorded in Douglas County, on November 30, 2007.

That Charles Van Hise passed away on December 17, 2016, as identified in Certificate of Death # 1052016037479 issued by the State of Colorado.

That pursuant to the rules of survivorship, Barbara Van Hise is the survivor and now holds this property as a single woman as her sole and separate property.

That this information is offered with personal knowledge and declared under penalty of perjury.

Date: February 9, 2018



Barbara Van Hise

State of Colorado)
County of Arapahoe)

This instrument was acknowledged before me on February 9, 2018, by Barbara Van Hise.

CHRIS MURPHY
NOTARY PUBLIC
STATE OF COLORADO
NOTARY ID 20034038123
MY COMMISSION EXPIRES SEPTEMBER 26, 2020

Signature 

Notary Public

{affix seal above; do not cover any text}

STATE OF COLORADO CERTIFICATION OF VITAL RECORD

CERTIFICATE OF DEATH

STATE FILE NUMBER 1052016037479

DECEDENT'S LEGAL NAME CHARLES WILLIAM VAN HISE				DATE OF DEATH DECEMBER 17, 2016				
SEX MALE	SOCIAL SECURITY NUMBER -0787	AGE-Last Birthday (Years) 80	UNDER 1 YEAR Months: _____ Days: _____	UNDER 1 DAY Hours: _____ Minutes: _____	DATE OF BIRTH (Mo/Day/Yr) AUGUST 14, 1936	BIRTHPLACE (State or Foreign Country) NEW JERSEY		
IF DEATH OCCURRED IN HOSPITAL			IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL NURSING HOME/LONG TERM CARE FACILITY					
Facility Name (If not institution, give street & number) HIGHLINE PLACE			CITY, TOWN OR LOCATION OF DEATH LITTLETON		COUNTY OF DEATH ARAPAHOE			
RESIDENCE - STREET AND NUMBER 5694 E NICHOLS PLACE					APT. NO.	ZIP CODE 80112	INSIDE CITY LIMITS YES	
RESIDENCE STATE COLORADO			COUNTY ARAPAHOE		CITY OR TOWN CENTENNIAL			
DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life Do not use retired) TECHNICIAN				KIND OF BUSINESS/INDUSTRY ENGINEERING		DECEDENT'S EDUCATION SOME COLLEGE CREDIT, BUT NO DEGREE		
DECEDENT OF HISPANIC ORIGIN NO				DECEDENT'S RACE White				
EVER IN US ARMED FORCES YES		MARITAL STATUS AT TIME OF DEATH MARRIED		SPOUSE/PARTNER NAME (If wife give name prior to first marriage) BARBARA SCHAEFER				
FATHER'S NAME CHARLES FREDERICK VAN HISE				MOTHER'S NAME PRIOR TO FIRST MARRIAGE DOROTHY MAE KREIS				
INFORMANT'S NAME BARBARA VAN HISE				INFORMANT'S RELATIONSHIP TO DECEASED CHILD				
NAME OF FUNERAL HOME ALL STATES CREMATION SERVICES				CITY AND STATE OF FUNERAL HOME WHEAT RIDGE COLORADO		WAS CORONER NOTIFIED YES		
METHOD OF DISPOSITION CREMATION		PLACE OF DISPOSITION ALL MORTUARY AND CREMATORY			LOCATION - CITY, COUNTY, STATE DENVER DENVER COLORADO			
INJURY AT WORK		IF TRANSPORTATION RELATED, SPECIFY		DATE OF INJURY		TIME OF INJURY		
PLACE OF INJURY								
LOCATION OF INJURY (Street & Number, Apt. No., City or Town, County, State, ZipCode)								
DESCRIBE HOW INJURY OCCURRED								
WAS DECEDENT UNDER HOSPICE CARE YES		ACTUAL OR PRESUMED TIME OF DEATH UNKNOWN		DATE PRONOUNCED DEAD (MO/DAY/YR) DECEMBER 17, 2016		TIME PRONOUNCED DEAD 08:25 MIL		
MANNER OF DEATH NATURAL				WAS AN AUTOPSY PERFORMED? NO		WERE AUTOPSY FINDINGS CONSIDERED IN DETERMINING THE CAUSE OF DEATH?		
CAUSE OF DEATH								
PART I		Enter the chain of events - diseases, injuries, or complications that directly caused the death					Approximate interval: Onset to death YEARS	
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. FRONTOTEMPORAL DEMENTIA					_____	
		b. _____					_____	
		c. _____					_____	
		d. _____					_____	
Sequitally list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death)								
PART II Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I								
HYPERTENSION, SLEEP APNEA								
TITLE, NAME, ADDRESS, ZIP CODE AND COUNTY OF PHYSICIAN DANIELLE A ANDERSON MD 10900 W 44TH AVENUE WHEAT RIDGE CO 80033					DATE SIGNED DECEMBER 29, 2016			
TITLE, NAME, ADDRESS, ZIP CODE AND COUNTY OF CORONER					DATE SIGNED			
DATE FILED BY REGISTRAR JANUARY 03, 2017								

DATE ISSUED **JANUARY 30, 2018**

THIS IS A TRUE CERTIFICATION OF NAME AND FACTS AS RECORDED IN THIS OFFICE. Do not accept unless prepared on security paper with high resolution border displaying the Colorado state seal and signature of the Registrar. PENALTY BY LAW, Section 25-2-118, Colorado Revised Statutes, 1982, if a person alters, uses, attempts to use or furnishes to another for deceptive use any vital statistics record NOT VALID IF PHOTOCOPIED.

Alex Quintana
A ALEX QUINTANA
STATE REGISTRAR



* 008781356 *

REV 04/16

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

